

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032162

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 314

Primary Registration District No. 6064

Registrar's No. 48

FILED AUG 16 1962

1. PLACE OF DEATH

a. COUNTY

St. Clair

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Osceola

Length of stay in 1b
Years

Years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

2-M-N-Osceola

Inside Limits
Yes ☒ No ☒

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Clair

c. CITY
OR
TOWN

Osceola

Inside Limits
Yes ☐ No ☒d. STREET
ADDRESS

(If outside, give location)

Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Julia

Lucinda

Crossey

4. DATE
OF
DEATH

Month

Day

Year

Aug; 3, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1/23/89

9. AGE (last birthday)

73

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housekeeping

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Moorhead Iowa

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Orson Johnson

13b. MOTHER'S MAIDEN NAME

Margaret Mann

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

71 Mrs. Hawes, Osceola Missouri

Address

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Vascular Accident

INTERVAL BETWEEN
ONSET AND DEATH

1 yr.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1 July 57 to 3 Aug 62 and last saw her alive on 3 Aug 62
Death occurred at 5:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Osceola Missouri

22c. DATE SIGNED

8/3/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

8/5/62

23c. NAME OF CEMETERY OR CREMATORY

Davis

23d. LOCATION (City, town, or county)

Thayer Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Goodrich Funeral Home, Osceola Mo.

25. DATE RECD. BY LOCAL REG.

8/8/1962

26. REGISTRAR'S SIGNATURE

Ruth Sewers

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

6930

3930

3

4 1

5 2

6

7 1

8 0

9331X

10

11

12 10-0

13 2-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Saul J. [unclear]

Licensed Embalmer No.

3990

P. O. Address

Oscoda Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.